



## ISA /TOML

## **2022 Training Programme**

(USP Undergraduate Scholarship)

## **APPLICATION FORM**

INICTRILICTIONIC							1
INSTRUCTIONS: Please answer each pages.	question clearly.	. Type or print in	ink. If you	u need m	iore space, atta	ch additional	
Family Name or Surname		First name			Middle Initial(s)		-
Date of Birth 3. Place of Birt		h 4. Nationality 5		5. Gen	der 6.	. Marital Status	-
(Day/Month/Year)							
7. Passport No.		Date of Issue		Place of Issue		Valid until	
1							
8. Residence Address		Residence Tel No		9. Business Address		Office Tel No	
10. Cell No.		11. Fax No.+86-020-82250265			12. Email Address		
13 Emergency Contact:		Relationship		Tel No.		Cell No.	
				(country code-area code-number)		(country code-area code-number)	
14. Proficiency in English		Excellent	Go	od	Fair	Poor	Remarks
Listening							
Speaking							
Writir	ıg						
Readir	ng						

15. Mother Language					16. Other Language			
	17. Fields/Topics of Scientific Interest		(ii)		(iii)	(iv)		
18. Education	ı (Unive	ersity or	equivalent): Give fu	ull details, using th	e following s	pace insofar as possible		
Year Attended From To		Name and Place of Institution		Field of Study (Geology, geophysics, mining, law, etc.)		Diploma or Degree (Bachelor, Master, PhD, etc.)		
20. Participati	on in Ir	nternati	onal Symposia/Wor	kshops (If any)				

21. Indicate the name of the USP programme of interest to you and how it will further your career (not more than 250 words)

From	То			
 23. I certi	 fv that the state	ments made by me in reply to the foregoing ques	tions are true, complet	e and correct to the best of my
	-	selected as a participant into the Training Program	· · · · · · · · · · · · · · · · · · ·	-
condition	s:			
		t all times in a manner compatible with my respon		nt of the Training Programme and
-	_	iging in political or commercial and any activities	<del>-</del>	
		sary information in a timely manner to the host in on of the Training Programme;	stitution and institution	ns to be visited so as to ensure the
		reporting requirements as stipulated by the Traini	ing Programme;	
		ne country upon completion of my training progra		
•		abed Authority accepts no responsibility for the n		•
Othe	er responsibilitie	s arising from injury, illness or death that may occ	ur to the trainee during	g the training period.
Арр	licant's Name (in	print):		
			Date:	